



Docket No.: PF-0594 USN

## DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,  
and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

### HUMAN CYTOSKELETAL ASSOCIATED PROTEINS

the specification of which:

  /   is attached hereto.

  /   was filed on \_\_\_\_\_ as application Serial No. \_\_\_\_\_ and if this box contains an X   /  , was amended on \_\_\_\_\_.

  X   was filed as Patent Cooperation Treaty international application No. PCT/US99/21565 on 17 Sep. 1999, if this box contains an X   /  , was amended on under Patent Cooperation Treaty Article 19 on \_\_\_\_\_ 2001, and if this box contains an X   /  , was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

Country	Number	Filing Date	Priority Claimed
_____	_____	_____	// Yes // No
_____	_____	_____	// Yes // No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application	Status (Pending,
Serial No.	Abandoned, Patented)
60/131,321	27 April 1999 Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

Application	Status (Pending,
Serial No.	Abandoned, Patented)
_____	_____

I hereby appoint the following:

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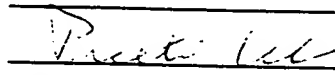
respectively and individually, as my patent attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

LEGAL DEPARTMENT  
INCYTE GENOMICS, INC.  
3160 PORTER DRIVE, PALO ALTO, CA 94304

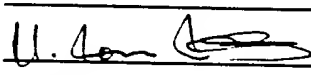
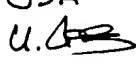
TEL: 650-855-0555 FAX: 650-849-8886 or 650-845-4166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

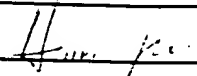
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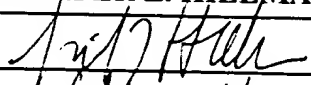
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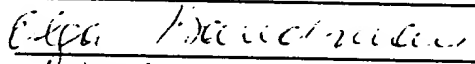
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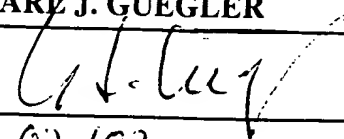
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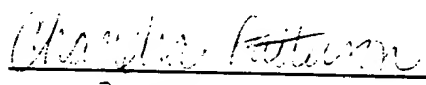
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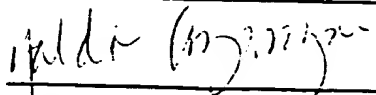
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